

## APPLICATION FOR SYNTHESIS LOGIN I.D.

## **Network Vendor Access**

To request a Login in I.D. for	Synthesis, please complete	the following application.
Agency Name:		Staff Name (print)
Phone No	Ext	FAX:
**Email address		
Agency Staff Authorizing I.D.	Request(Sig	gnature of agency supervisor)
Access Level Being Requested  Crisis Worker  Billing Staff ( Progress Repo Types of Progress Repo Children's Co	d: (Check One or More that view/invoice for services) ort Entry  rts: Day Treatment  ourt Crisis Plans/Progress Report Crisis Plans/Progress Pl	at Apply)  Crisis Supervisor Posting Bed Availability (group homes only) Progress Report Approval (includes entry)  Residential Group Home
	I.D. agrees to the following	I.D. be issued to the above named staff at their agency. The staff g terms regarding maintenance of the I.D. and access to
when this individual's I.D. is t	o be inactivated because: asibilities no longer require	ve named individual agrees to notify the Synthesis Help Desk e access to Synthesis
Synthesis		SIS USER I.D. EEMENT
I agree to keep my Synthesis I outside my agency.	ogin I.D. and password co	onfidential and not to share it with any other individuals within or
I understand that information pas needed to perform my job d		s is confidential and agree to protect this information, using it onl
I agree to report to Synthesis I that occurs while using Synthe		547) any unusual activity or inappropriate access to information
Staff Signature:		Date:
Fax this completed Your Login ID and instruction		esis Help Desk Staff at: (414) 257-7575 thortly.
SYNTHESIS - OFFICE USE ONL	V	

Maher\Synthesis\ Synthesis ID Request Vendor (Rev 5/09)

Reviewed/Created by: